Bacon Lane Surgery

Patient Consent Form – Patients over 18 years old

For another person to be allowed access to their medical records

Patient Details	
Surname	
First Name	
Date of Birth	
Address	
Telephone Number	

Details of Person/People to whom you give consent to access your information	
Person Number 1	
Full Name	
Address	
Date of Birth	
Relationship to patient	
Person Number 2	
Full Name	
Address	
Date of Birth	
Relationship to patient	

☐ **Full Access** ☐ **Partial Access** **Please detail below if the above access is to be limited in any way (e.g. only for test results or making/cancelling appointments or for a specific time period only) If no information is given below full access will be allowed**

I confirm that I give permission for the practice to communicate with the person/people identified above in relation to my medical records.	
Full Name	
Signature	

Please send the completed form to Bacon Lane Surgery
By post or drop in: Bacon Lane Surgery 11 Bacon Lane Edgware Middlesex HA8 5AT
By email (scan or photo): baconlane.surgery@nhs.net